



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Cosmetology  
[www.mass.gov/dpl/boards/hd](http://www.mass.gov/dpl/boards/hd)  
617-727-9940

## **Demonstrator's Application**

### **DEMONSTRATOR APPLICANTS** **INSTRUCTIONS**

In order to be eligible to apply for a demonstrator's license you must have at least 3 month's practical experience as such.

A completed application must include:

- If you do not hold any license, a notarized affidavit certifying work experience for each manufacturer or distributor must be attached to the application. This affidavit must be on the letterhead of the company or product for which you are demonstrating.
- One 2" x 2" photograph
- Money order (no personal checks accepted) made payable to the Commonwealth of Massachusetts. All money orders must be signed and dated.

Any person who is registered as a hairdresser, aesthetician, operator or instructor may, upon payment of the appropriate fee, be registered also as a demonstrator, and may thereafter practice as such. If you hold a license in another state please attach a copy to the application.

A person who is issued a demonstrator's license may **only perform demonstrations for individuals in the cosmetology industry and not the general public.**

Demonstrations may be performed in the following locations: in a registered shop in the Commonwealth, at hairdressers' trade shows or meetings in the presence of licensed beauty shop owners and their employees, in the business quarters of distributors or supply houses, or in schools of beauty culture with licensed instructors in attendance.

**There shall be no charge for these demonstrations.**

*Please be advised all application fees are non-refundable.*

*Normal application processing time for complete applications is between 3-4 weeks.*

*Incomplete applications can further delay processing time.*



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**Demonstrator Application-Fee \$113.00**

**BOARD USE ONLY**

Board: \_\_\_\_\_  
License #: \_\_\_\_\_  
Type: \_\_\_\_\_  
Cash #: \_\_\_\_\_  
Cash Date: \_\_\_\_\_

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_

3. Current License#: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**BOARD USE ONLY**

Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

8. Social Security Number (Mandatory): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign

jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.

15. Present Employer \_\_\_\_\_

16. High School Attended \_\_\_\_\_

Name & Address of School

Date Started: \_\_\_\_\_

Date Finished: \_\_\_\_\_

17. Beauty School Attended \_\_\_\_\_

Name & Address of School

Date Started: \_\_\_\_\_

Date Finished: \_\_\_\_\_

18. I certify, under the pains and penalties of perjury, that I am of good moral character and that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date